

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

The California Health and Safety Code, Section 103526 permits only authorized persons as defined below to receive certified copies of birth records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." Please indicate whether you would like a Certified Copy or a certified Informational Copy. Y:\RECORDERS OFFICE\FORMS Recorder\VITAL Forms\Application for Birth.doc

()	I would like a CERTIFIED COPY of the record identified on the application. <i>(In order to receive a Certified Copy, you must indicate your relationship to the person named on the application by selecting from the list below).</i>	()	I would like a Certified INFORMATIONAL COPY of the record identified on the application.
✓	FEE OF \$14.00 & Sworn Statement Attached	()	CLERKS USE ONLY Faxed to: _____ Fax# () _____
() () () () ()	I am: The registrant or a parent or legal guardian of the registrant. A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. A child , grandparent, grandchild, sibling, spouse, or domestic partner of registrant. An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate.		

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name and Signature of Person Requesting Record	Today's Date	Telephone Number () -
Mailing Address	City	State Zip
Person Receiving Copies, if Different from Above	No. of Copies	Amount \$ Email Address

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

Name on Certificate- FIRST Name	Name on Certificate- Middle Name	Name on Certificate- LAST Name
City or Town of Birth	County of Birth	
Date of Birth- Month, Day, Year (If unknown, enter approximate date)	Sex () Female () Male	
Father's FIRST Name	Father's Middle Name	Father's LAST Name
Mother's FIRST Name	Mother's Middle Name	Mother's LAST Name
YOUR DAYTIME CONTACT NUMBER: () -		

**Mail Request & Payment to: Mono County Vital Records, Attn: Debra
P.O. Box 237, Bridgeport, California 93517**

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